NSTRUCTIONS

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12333 CERTIFICATE OF DEATH

12318

| | | 2. USUAL MESIDEN | E (HOME) OF DECE | ASED | |
|--|---------------------------|--|---|---|----------------|
| COUNTY ST MARYS | MARYLAND | STATE MARYLAN | D COUNTY S | T MARYS | |
| CITY (If outside corporate limits, write RURAL | LENGTH OF STAY | CITY (If outside corpor | ta limits, write RURAL and gl | | |
| OR end give nearest lown) TOWN NAS PATUXENT RIVER | (in this place) 16 months | OK | L AIR STATION | | × |
| HOSPITAL OR | 1 TO MOITELL | STREET | (If tural give loc | | - 1 |
| INSTITUTION OR STREET ADDRESS | | 735 - B | | enon) | / |
| 3. NAME OF (First) DECEASED | (Middle) | (Lest) | 4. DATE (Month) | (Day) | (Year) |
| (Type or Print) EMMETT SLC | AN ARI | IOLD | DEATH 12 | 1241 | 10 55 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARR | IED, 8. DATE OF | BIRTH 9 | | UNDER 1 YEAR | IF UNDER 24 HR |
| (Spaciful) | | 2018 | 37 yrs. Mo | nths Doys | Hours Min. |
| | | . BIRTHPLACE (State or foreig | | 1 19 (1717.6) | OF WHAT |
| done during most of working fife, even if | NDUSTRY | | | COUN | TRY? |
| HMC US | NAVY | ALABAMA | | US | A |
| 10. FAITER 3 RAME | | 14. MOTHER'S MAIDEN N | AME | | |
| EMMETT ARNOLD | | ZORA BELL | E SLOAN | | |
| | S. SOCIAL SECURITY NO. | 17. INFORMANT & AI | DORESS | | |
| YES ACTIVE DUTY | | US NAVY R | ECORDS - PATU | XENT RI | VER. MD. |
| - DISTANCE OF COMPUTANT PROPERTY PRINTING TO BELLE | 18. MEDICAL CERT | FICATION | | | YAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | MINDOWN COTO CO. | | | | ET AND DEATH |
| AMMEDIATE CAUSE (A) | THROMBOSIS, Co. | ronary Artery | | App | rox. 42h |
| ANTECEDENT CAUSE(S) DUE TO | | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | Arterio sclero | 918 | | | |
| STATING UNDERLYING CAUSE LAST, DUE TO | | | | | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 196. MAJOR FINDINGS | OF OREN YOU | | | | |
| 198. DATE OF OPERATION 198. MAJOR FINDINGS | OF OPERATION | | | YES YES | AUTOPSY? |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE [Hom | a, farm, factory, 1 21c | . WHERE DID INJURY OCCUR | (City or town) | (County) | (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER) | offica bldg., etc.) | | faut as sauch | (Could') | (Joans) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. | INJURY OCCURRED 21 | HOW DID INJURY OCCUR | | - | |
| | | | | | |
| M. at w | | | | | |
| M. at w | | 10 EE . 21. | Dag EE | | |
| 22. I hereby certify that I attended the dece | ased from 24 Dec | 19.55 to 24 | Dec, 1955, I | hat I last saw | the decease |
| 22. I hereby certify that I attended the dece- eliye on 23 Dec., 19.55, and | ased from 24 Dec | : 30P M, from the ca | uses and on the date | stated above |). |
| 22. I hereby certify that I attended the december on 23 Dec 19.55 and BIGNATURE | ased from 24 Dac | 30P M, from the ca | uses and on the date ESS (Street, city, town, ste | stated above | ATE SIGNE |
| 22. I hereby certify that I attended the december on 23 Dec 19.55 and BIGNATURE | that death occurred at | : 30P M, from the ca ADDR NAS PATUXENT | uses and on the date ESS (Street, city, town, ste RIVER, MD. | stated above | ATE SIGNE |
| 22. I hereby certify that I attended the december on 23 Dec 19.55 and BIGNATURE | ased from 24 Dac | : 30P M, from the ca ADDR NAS PATUXENT | uses and on the date ESS (Street, city, town, ste | stated above | ATE SIGNE |
| 22. I hereby certify that I attended the december on 23. Dec 19.55 and BURIAL, CREWATION, REMOVAL (SECIFY). A. at we have the december of the | that death occurred at | : 30P M, from the ca ADDR NAS PATUXENT | uses and on the date ESS (Street, city, town, ste RIVER, MD. LOCATION (City, town, or o | stated above te) 24 De county) | c 1955 |
| 22. I hereby certify that I attended the december on 23. Dec 19.55 and BIGNATURE 22. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF | that death occurred at | : 30P M, from the ca ADDR NAS PATUXENT | uses and on the date ESS (Street, city, town, ste RIVER, MD. LOCATION (City, town, or a GADSDEN, AI | staled above te) 24 De county) ABANA. | c 1955 |

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THE RESERVE OF THE SECOND

BUREAU V. S.

9587 68 DEC 88 1822

Challe Courts Charles

| 12334 C | ERTIFICATI | E OF DEAT | H Reg. I | Dist. No. 28/ |
|---|---|--|--|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDEN | CE (HOME) OF DECEA | SED: |
| COUNTY St Mary's CITY (If outside corporate limits write RU OR and give nearest town) U.S. NAS TOWN Patuxent River, Md. | MARYLAND RAL LENGTH OF STAY (in this place) 2 hrs 34 min | OR The state of the control of the c | ngton county Dis reporate limits, write RURA ington, D.C. | trict of Col. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS 1002 | (If rural give locat 2 Mississipe Av | |
| 3. NAME OF (First) DECEASED: (Type or Print) Baby | (Middle) Boy Bacun | (Last) gan | 4. DATE (Month) OF DEATH: Dec | (Day) (Year) 2 1955 |
| 5. SEX: 16. COLOR OR 17. SINGLE. | DIVORCED. | | AGE last birthday ir unos Months yrs. | |
| | KIND OF BUSINESS OR INDUSTRY: | Maryland | ate or foreign country): | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME: Lauro Bacungan | | | nn Bacungan | (111 101 101 101 101 101 101 101 101 101 |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | U.S. Naval A | address: ather I ir Station, Pat | auro Bacungan uxent River, Md |
| DISEASES OR CONDITIONS DIRECTLY L | EADING TO DEATH | , Neonatal Dea | th | onset and death |
| ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, | UE TO (24 WOOKS & | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE | HE | | | |
| | INDINGS OF OPERATIO |)N | | 20. AUTOPSY1 |
| | PLACE (Home, farm, fath) | | | County) (State) |
| 21a. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH OF CIF EITHER, NOTIFY MEDICAL EXAMINER 21D TIME (Month) (Day) (Year) (Hour) OF NJURY M. | While Not while at work at work | | | |
| 2 I hereby certify that I attended the alive on 1955, and SIGNATURE 1. 1955, and R.E. SPIEKERMAN LTJG N | that death occurred at | | Dec , 1955, that I causes and on the danger and points iver. Md. | DATE SIGNED 2 Dec 1955 |
| | E BLANC OF PERSON | | | |

BUREAU V. S.

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- DEC - 9--1922 ·

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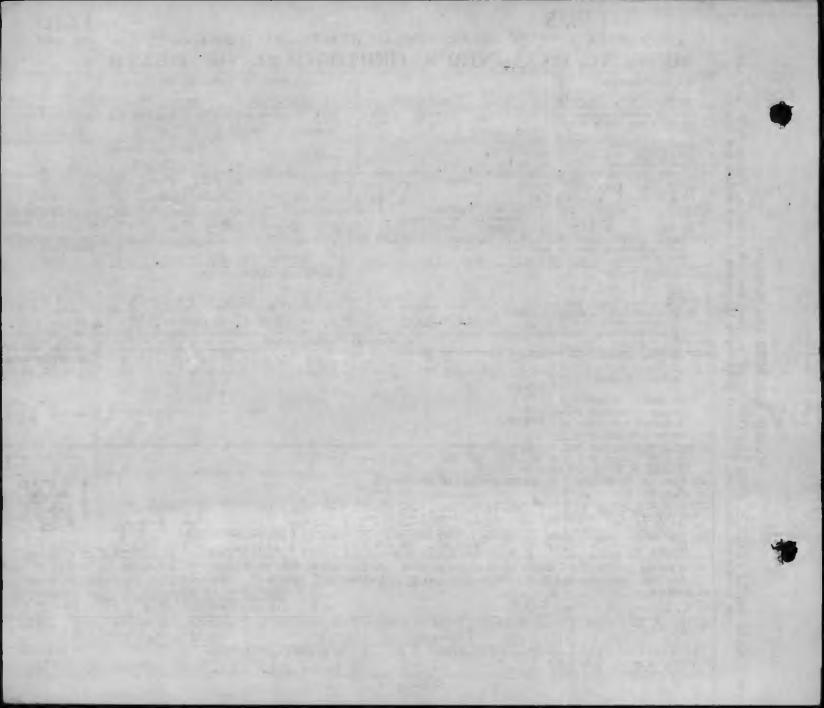
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Juce

| MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No |
|--|--|----------------------------------|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| county St. Mary's Maryland | STATE Maryland county Baltico | re |
| OR and give nearest town Common River (In this place) | CITY (If outside corporate limits write RURAL and OR TOWN TOWSON | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS St. "ary's Co. Md. | STREET (If rural, give location) 406 W. Pennsylvania Av | enue #4 V |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) (Wrice B. | (Last) 4. DATE (Month) (Day) OF DEATH Dec. 7 | (Year) |
| male RACE: WIDOWED, DIVORCED, 3 - | E OF BIRTH: 9. AGE last birthday: IF UNDER I Y. 15 - 9-0 35 yrs. Months Da | ys Hours Min. |
| IOa. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Navy Project, Test Filot | | COUNTRY? USA |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Joseph Bernhard | Florence Black | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unic) (If Yes, give war or dates of Yes V service) W 2 490-16-4409 | 17. INFORMANT & ADDRESS: Mrs. Kathryn L. Bernhard, 406 W. | Penna Ave. |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO | etten juie | INTERVAL DETWEEN ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) | 1 | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 26. AUTOPSY? Yes ☑ No □ |
| PRIMARY TO TO CONTRIBUTING OF CAUSE OF DEATH. | (County) | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury \(\) 3 M. work \(\) at work \(\) | lein craft occurred and | silver |
| 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accidental control of the remains described from: Natural causes [], Accidental cau | dent 🗗, Suicide 📋, Homicide 📋, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | |
| REMOVAL (Specify): 12/20/55 Greenmount Co | | and |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | Leonard J. Ruck, 5305 Harford | ADDRESS |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every Item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12321

12336 CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (HOME) OF DECE | ASED |
|--|--|--------------------------------|---------------------------------|-------------------------------|
| COUNTY St Mary's | | STATE Maryl | and some St | t Mary's |
| COOK! | MARYLAND ENGTH OF STAY | 215chr 8 | rate limits, write RURAL and gi | |
| OR and give nearest lown TOWN Leonardtown | (In this place) | OR | ey Lee | · · |
| <i>F</i> | I dely | STREET | (If rural give los | nation! |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospita | a ì | ADDRESS | fit total Bive soc | / |
| 3. NAME OF (First) (Midd | lla) | (i.est) | 4. DATE (Month) | (Dey) (Year) |
| (Type or Print) James E. | | Biscoe | DEATH De | c. 22 1955 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, | 8. DATE O | | 9. AGE lest birthday IF | UNDER 1 YEAR IF UNDER 24 HE |
| Male Black Specific OW | ed | 1884 | / L yrs. | nths Deys Hours Min |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND O | | 11. BIRTHPLACE (State or forei | gn country) | 12. CITIZEN OF WHAT |
| done duries mest of working life, avan if refired Laborer Day | ork | Maryland | | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | , |
| Unknown | | Unkn | | |
| | CIAL SECURITY NO. | 17. INFORMANT & | | |
| (Yes, no, Muck.) (If Yes, give wer or dates of service) | The same and the same of the s | Hospita | l Records | |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) | MANY | colum | is | 7 hours |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | 4 | • | | |
| TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 190. DATE OF OPERATION 195, MAJOR FINDINGS OF C | OPERATION | | | 20, AUTOPSY? YES NO NO |
| | | OF THEFT OF BUILDING COLUMN | nn vert | |
| 21a. ACCIDENT WAS UNDERLYING ☐ \ 21b. PLACE (Home, fe OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office (IF ETTHER, NOTIFY MEDICAL EXAMINER) | | 21c. WHERE DID INJURY OCCU | | (County) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. (NJI While M. af work | URY OCCURRED Not while el work | 21F. HOW DID INJURY OCCU | R? | |
| 22. I hereby ertify that I attended the deceased | from A | 2-19/5 to 1 | 19:5 | hat I last saw the decease |
| If the state of th | | 1. 1. T. M. from the | | |
| SIGNATURE. | i dealli occurred a | | RESS (Strael, city, town, ste | |
| 16125 | M. D. | Vty | 1/4 ml | 19,7=12 |
| 23. BURIAL, CRIMATION, DATE THEREOF N | AME OF CEMETERY OR | CREMATORY | LOCATION (City, town, or | county) (Stele) |
| Burial 12/27/55 | Bethesda | | Valley Lee | , Md./ |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 40-1 | 25. FUNERAL DIRECTOR'S | | ADDRESS |
| DATE 12/20/55 1/2000 | the way on | Jos. C. Matti | ngley Leonar | rdtown, Md. |

MARYELES STATE DIVARENCE OF HEALTH A ALTHOUGH TO SEED CERTIFICATE OF DEATH - 1 - m. . . STREET, STREET, ST. antea (satisfy) In the state of the The . 1882 errolla. uniforc'int BUREAU V. S. SEC 89 1955

this sid

72 hours after death. After director, the third capy of

The law requires that the death-certificate be ATTENDING PROPERTY OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate Be filed with the registrar within certificate has been executed by the attending physician and complimity filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 12337

Reg. Dist. No.

12322

| 1. PLACE OF DEATH | | 2. USUAL RESID | ENCE (HOME) OF DECEA | SED |
|--|--|-----------------------------|--------------------------------------|---|
| COUNTY St. Mary a | MARYLAND | STATE Mary | land COUNTY St | Marvia |
| CITY (Il outside corporete limits, write RURAL | LENGTH OF STAY | CITY (If outside co | rporete limits, write RURAL and give | |
| OR and give nasrest town) TOWN Park Hall | 6month | OR TOWN Dar | k Hall | × |
| HOSPITAL OR | 1 Omotion | STREET | (If rure) give locat | lon) |
| INSTITUTION OR STREET ADDRESS | | ADDRESS | | |
| 3. NAME OF (First) DECEASED | (Middle) | (Last) | 4. DATE (Month) | (Day) (Yeer) |
| (Type or Print) Anna | F | Bond | DEATH Dec. | 16, 19 55 |
| S. SEX 6. COLOR OR 7. SINGLE, MA | RRIED. 8. DATE | | | NDER 1 YEAR IF UNDER 24 HRS. |
| The same of the sa | dowed | 1887 | 68 yrs. Mont | |
| done during most of working life, even if | KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fe | preign country) | 12. CITIZEN OF WHAT COUNTRY? |
| retired) Housewife Ho | ne | Maryland | | U.S.A. |
| IS. FATHER'S NAME | | 14. MOTHER'S MAIDE | N NAME | |
| Unknown | | Unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS | |
| (If Yes, give wer or detes of service) | None | John Bon | d Compton, N | larv] and |
| | 18. MEDICAL CE | | d composit, i | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT | H | 1.4. | | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) | wome Myo | conditis | | 21000 |
| ANTECEDENT CAUSE(S) DUE TO |) | corditis. | 0 | 0 |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | foresalized | Averore | uons | 10 years |
| (C) | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. | | | | |
| 198. DATE OF OPERATION 196. MAJOR FINDING | 5 OF OPERATION | | | 20. AUTOPSY? |
| V | | | | YES NO |
| 216. ACCIDENT WAS UNDERLYING 21b. PLACE (H. OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER) | ome, farm, fectory, it, office bldg., atc.) | 21c. WHERE DID INJURY OC | CUR? (City or town) (| County) (State) |
| Y Y | 1e. INJURY OCCURRED While Not while I work I st work | 21f. HOW DID INJURY OC | CUR? | |
| 22. I hereby certify that I attended the dec | | (1055 1. T | h = 1/- 10 55 1 | at I last cause the decree of |
| 7 1 | | | | |
| alive on loc 19 33 , a | nd that death occurred a | | causes and on the date s | |
| In 10 Patrice | M.D. | Lexura ton | Poh mal | 12-17-55 |
| 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) | NAME OF CEMETERY OF | R CREMATORY | LOCATION (City, lown, or ec | ounty) (Slate) |
| Burial 12/19/55 | St Franci | s Xavier | Compton. | larvland |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU | | 25. FUNERAL DIRECTOR | | ADDRESS |
| DATE 12-19-55 (16201) | Llacenda 1 | Inc C Mat | tingley Leona | th marthe |
| DATE / OL - 14 - 30 (Ale and Al. | Market ar | Taus U. Mai | TOTHER FEAT PEOPLE | THE CHARLES WILL BEEN AND THE COMMENTS OF THE |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12323

12338 CERTIFICATE OF DEATH

Reg. Dist. No. 28

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|--|
| COUNTY ST. MARY!S MARYLAND | STATE MARYLAND COUNTY ST. MARY S |
| CFTY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (8 outside corporete limits, write RURAL and give nearest town) |
| × or and give neerest lown (in this place) | TOWN LEXINGTON PARK |
| HOSPITAL OR | STREET (If rurel give location) |
| 7 STREET ADDRESS ST. MARY'S HOSPITAL | ADDRESS 54 CORAL PLACE |
| | (Lest) 4. DATE (Month) (Day) (Yasr) |
| (Type or Print) Emma Sophie By | urroughs DEC. 7 19 55 |
| 5. SEX 6. COLOR OR 17. SINGLE, MARRIED, 8. DATE OF | |
| Female White Specify Widowed May 2' | 7,1868 877 yrs. 61 9ays Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 1 T | BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT |
| done during most of working life, even if reflired) HOUSEWIJE HOME | Maryland U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Benj. F.Suite | Sophie Elizabeth SHEEKELLS |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS 54 COral Place |
| (Yes, no, or unk.) (If Yes, give wer or dates of service) | Mrs Robert G. Posey Lexington Park, |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | IFICATION IN THE PROPERTY AND THE PROPER |
| land the land the land | 15-61 12 dues |
| 42 4 IMMEDIATE CAUSE (A) CONTROL CM | 12 arm 12 cours |
| ANTECEDENT CAUSE(S) DUE TO | 1. 15% |
| DISEASES OR CONDITIONS, IF ANY. (II) | Attender 16 Track |
| STATING UNDERLYING CAUSE LAST. DUE TO | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES \(\text{NO} \(\text{I} \) |
| 21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| | I. HOW DID INJURY OCCUR? |
| M, et work at work | |
| 22. I hereby certify that I attended the deceased from Live full | |
| alive on. 12 20, 19 67 , and that death occurred at 2 | Mr. from the causes and on the date stated above. |
| SIGNATURE | ADDRESS (Street, city, lown, state) DATE SIGNED |
| 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR | int Mills ped 191/1/53 |
| REMOVAL (SPECIFY) | 2 / (0.0.0) |
| Burial Dec.3,55 | Annapolis, Maryland |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| DATE DE 1/33 1 Lem All Jane | W.C. Malling ly Lunardhin Wid. |
| I don't will be | |

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 7 62

| OI | MEDICAL EXAMINERS CER | THICAID OF DEATH No. 27. |
|--|--|---|
| 9 | I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| The ly. | COUNTY St Mary's MARYLAND | STATEMaryland COUNTY St Mary's |
| fully. legibl | CITY (If outside corporate hmits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits write RURAL and give nearest town) OR |
| ful | OR and give nearest town) TOWN Leonardtown (in this place) Life | TOWN Leonardtown |
| n carefully. y and legibl | HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) / |
| tio | 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) (Year) |
| ma | (Type or Print) James Thomas | Butler Dec. 21 1955 |
| for th | RACE: WIDOWED, DIVORCED. | OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| in | Male Colored (Specify): Widowed | 1885 70 yrs. |
| item of information uses of death clearly | 19n. USCAL OCCUPATION (G.ve kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Janitor A & P Store | Maryland 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| every | Philip Butler | Thresa Barns |
| | 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: |
| ply | (Yes, no, or unk.) (If Yes, give war or dates of service) NO | James Brooks Leonardtown, Md. |
| Supply write t | | AL CERTIFICATION INTERVAL BETWEEN |
| | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DEATH |
| NK. | Immediate cause (a) Colono & |) column 1 day |
| GI | DUE TO | |
| S E | Antecedent cause(s) Diseases or conditions, if any, (b) | loros 10 /s |
| 4D cia | giving rise to the above cause DUE TO | U |
| UNFADIN(Physicians: | stating underlying cause last (c) | |
| | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH | 215 |
| Y, WITH important. | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| W Coc | 21a EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, | Yes No (County) (State) |
| P, II | PRIMARY or CONTRIBUTING OF street office_bldg., etc. | (State) |
| Zb | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED | 2H. HOW DID INJURY OCCUR? |
| PLAI peciall | OF INJURY M. While at work M. work | |
| Ped | 22. I hereby certify that I took charge of the remains describ | ped above, held an Autopsy [], Inspection [], Inquiry [], and |
| E | | dent [], Suicide [], Homicide [], Undetermined cause []. |
| WRIT. | SIGNATURE | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED |
| Rg € | Julia (Cos) | M. D. ASSISTANT MEDICAL EXAM. |
| ES / | Paragram (Seedly): 12/23/55 Our. Lady's | |
| EA | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | FREUTEY'S NECK, MATYLAND |
| PL | BEG. 12/21/55 Alex N. Slever 3. A | Mos. C. Mattingley Leonardtown, Md. |
| - | | 16 1 |

S'AF

8

CERTIFICATE OF DEATH 12340

Reg. Dist. No. 282

| 1. PLACE OF DE | ATH | | | | 2. USUAL RESID | ENCE | (HOME) OF D | ECEAS | ED | |
|--|--|---------------------------------------|--------------------------------|---------------------|-----------------------------|----------|-----------------------|------------|-------------------|--------------|
| COUNTY | ST MAR | YS | MARYL | AND | STATE MARYI | LANE | COUNTY | ST | MARYS | 3 |
| CITY (If outside co | rporate limits, write RU | RAL | LENGTH O | F STAY | CITY (If outside co | rporete | limits, write RURAL | and give r | eerest town] | |
| OR end give nea | LEONARDI | OWN | (In this p | olace) | TOWN OAKLE | ΞY | | | | fo. 1 |
| HOSPITAL OR | | | | | STREET ADDRESS | | (if rural gi | ve focetlo | n) | |
| STREET ADDRESS | ST_MARYS | HOSPITAL | <u> </u> | | RURAJ | L . | | | | |
| 3. NAME OF DECEASED | (First) | (// | (iddla) | | (Lest) | | 4. DATE (Mo | nth) | (Dey) | [Yeer] |
| (Type or Print) | VIRGINIA | | TURNER | | CARPENTER | | DEATH] | 2 - | 19 | 155 |
| | COLOR OR 7. | SINGLE, MARRIED WIDOWED, DIVO | | 8, DATE | OF BIRTH | 9. | AGE lest birthday | | ER 1 YEAR | IF UNDER 24 |
| FEMALE | WHITE | (Specify) WID(| OWED | 19 MAY | 7 1867 | | 88 yrs. | Months | Deys | Hours A |
| IDe. USUAL OCCUPATIO | | | OF BUSINES | SS | 11. BIRTHPLACE (State or fo | oreign c | ountry) | 1 | 12. CITIZE | N OF WHAT |
| relired) HOUS | f working life, even if EWIFE | | ESTIC | | VIRGINIA | | | | COUN | USA |
| 13. FATHER'S NAME | | | | | 14. MOTHER'S MAIDE | EN NAA | AE | | | |
| | DAM B. DOL | | | | REBECCA TV | ALBE | RT | | | |
| IS. WAS DECEASED EV | | | SOCIAL SEC | URITY NO. | 17. INFORMANT | & ADD | RESS | | | |
| (Yes, no, or unk.) (If) | es, give wer or detes o | a maryice) | | _ | MILDRED | C. | DONALDSON | [# Q | AKLEY. | , MD. |
| | TE CAUSE (A NT CAUSE(S) DUE DNS, IF ANY, (8 ABOVE CAUSE | TO 12 | y pe | stive | trilune | | | | | SET AND DEAT |
| | OT RELATED TO THE ON CAUSING DEATH, | | | | | | | | | |
| 194. DATE OF OPERATIO | ON 195. M | AJOR FINDINGS O | F OPERATIO | N | | | | | YES | NO T |
| 216. ACCIDENT WAS LONG CONTRIBUTING CA | LUSE OF DEATH OI | b. PLACE (Home, INJURY street, off | farm, fector ica bldg., etc | y. .) | 21c. WHERE DID INJURY OC | CUR? | (City or lown) | (Co | ounty) | (State) |
| 21d. TIME OF INJURY | (Month) (Dey) (Yeer |) (Hour) 21e. I While M. at wor | | URRED of while work | 21f. HOW DID INJURY OC | CUR ? | | | | |
| 22. I hereby cer | rtify that I attend | led the deceas | ed from | Aus | 19.55 to | 91 | Jec 19 5 | 2. that | I last say | w the decen |
| alive on\ | 7 Vego | - | | | t | | | | | |
| ATTEMATORIE | / | R | 1 | | -7_ AD | DRE | 35 (Street, city, tov | vn, stale) | | OATE SIGN |
| | Liper | NN 76 | wy | Э м. D. | Meelle | 3-221 | or anil'i | 1. 2 | al 1 | 21/0 |
| 23. BURIAL, CREMATIO REMOVAL (SPECIFY | N, DATE TH | EREOF | NAME OF | CEMETERY OF | CREMATORY | L | OCATION (City, tow | n, or cou | niy) | Solati |
| BURIAL | 12/ | 21 / 55 | LOU | DEN PA | | | BALTIMO | RE, L | D. | |
| DATE / 2/ ZJ 5 | REGISTRA | R'S SIGNATURE | . de | entel | 35. FUNERAL DIRECTOR | R'S ISIG | , | NARDI | ADDRESS POWN . | MD. |
| UNIL 2 67 1.3. |) Lace | | 1400 | ny y | ure s | use | Jerry . | | - | |
| | | | | 1/4 | te ve x | | | | | |

12341 CERTIFICATE OF DEATH

Reg. Dist. No....

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|--|--|
| COUNTY St Mary's MARYLAND | STATE Maryland COUNTY St Mary's |
| CITY (If gutside corporate hmits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR |
| TOWN Rural Mechanicsville 25 Yrs. | TOWNRural Mechanicsville |
| HOSPITAL OR | STREET (M rural give location) ADDRESS |
| INSTITUTION OR STREET ADDRESS | ADDRESS |
| 3, NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Yeer) |
| (Type or Print) Bernard Joseph Dea | urstine Dec. 14, 1955 |
| 5. SEX 6. COLOR OR 17. SINGLE, MARRIED, 8. DATE O | |
| RACE WIDOWED, DIYORCED, | Months 1 Days Hours I M |
| | 5, 1897 58 yrs. 3 9 12. CITIZEN OF WHAT |
| done during most of working life, even if OR INDUSTRY | COUNTRY? |
| refired Farming Farm | Maryland U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Wilmer Dearstine | Nannie E. Dyer |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| Yes no, or unk. / III. Yos, give war or dates of service) | Mrs Eva M. Dearstine Mechanicsvil |
| ta, MEDICAL CER | TIFICATION INTERVAL BEDWEEN |
| E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AREA TECH |
| 1 IMMEDIATE CAUSE (A)Acute Coronary Oc | clusion |
| ANTECEDENT CAUSE(S) DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | |
| STATING UNDERLYING CAUSE LAST. DUE TO | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION , 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | YES NO R |
| 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If ETHER, NOTIFY MEDICAL EXAMINER) | 1c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED | 211, HOW DID INJURY OCCUR? |
| M, at work at wark | |
| 22. I hereby certify that I attended the deceased from.Sept.a13 | 1951 to Dec. 3 19 55 that I last saw the decea |
| alive on | 12.15 M from the course and on the data stated shows |
| SIGNATURE/ | ADDRESS (Street, city, town, stele) DATE SIGN |
| 1 1 1 1 Bon (11) | |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | CREMATORY LOCATION (City, town, or county) (State |
| Burial 12/14/55 Arlington 1 | |
| BUEIAL (12/14/) APILITEUM I 24. REC'D 8Y REGISTRAR REGISTRAR'S SIGNATURE | Vational Arlington, Va. |
| , , , , , | |
| | Jos C. Mattingley Leonardtown, Md, |
| / * / | Rusy |

NSTRUCTIONS

ours after death.

TO FULL DIFFICATION. The law require that the death certifical be filed with the registrar with 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy, of this death certificate assembly should be detached for use as a burial transit permit. The position copy may be retained by the hospital or attending physician.



5234 *

12342 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

| MARYLAND STATE DEPARTMENT OF | HEALTH—BALTIMORE, 18 | Reg. Dist. |
|--|---|----------------------------------|
| MEDICAL EXAMINER'S CER | CTIFICATE OF DEATH | No |
| I. PLACE OF DEATH; | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| county St. Marys Maryland | STATE Maryland county St. N | larys |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Charlotte Hall | CITY (If outside corporate limits write RURAL and OR TOWN Charlotte Hall | l give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) ADDRESS Rural | 1 |
| S. NAME OF (First) (Middle) DECEASED: (Type or Print) Oliver Levie | (Lest) 4. DATE (Month) (Day OF Dotson DEATH 12 - 11 | (Year) 19 55 |
| male colored (Specify): single 7/ 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF AUSINESS O | /L/1955 yrs. [5] | CITIZEN OF WILAT |
| work done during most of work life, even if retired): **DON8** INDUSTRY: | Maryland | COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Oliver L. Lyles | Janie Dotson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES [16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of | 17. INFORMANT & ADDRESS: | |
| no service) | Oliver L. Dotson - Charlotte Ha | 11. Md. |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause BUE TO Stating underlying cause last (c) | | INTREVAL BETWEEN ONSET AND DRATH |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | <u> </u> | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| 21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street, office bldg., etc INJURY | | Yes No State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY Work Work | 211. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains descri | ibed above held an Autopsy 🔲, Inspection 🖃 | , Inquiry 🔠 , and |
| find that death resulted from: Natural causes [], Acci | ident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | mined cause |
| 2. BURIAL, CREMATION, DATE THEREOF NAME OF CLMETE | RY OR CREMATORY LOCATION (City, town, or eo | ounty) (State) |
| REMOVAL (Specify); | h Cemetery Morganza, Md. | ADDRESS |
| Bright 12.55 (Chair Maria | P.B. Robinson, Leonardtown, | |

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

DEC 14 1955

BUREAU V. S.

The law requires that the death certificate be executed within 2

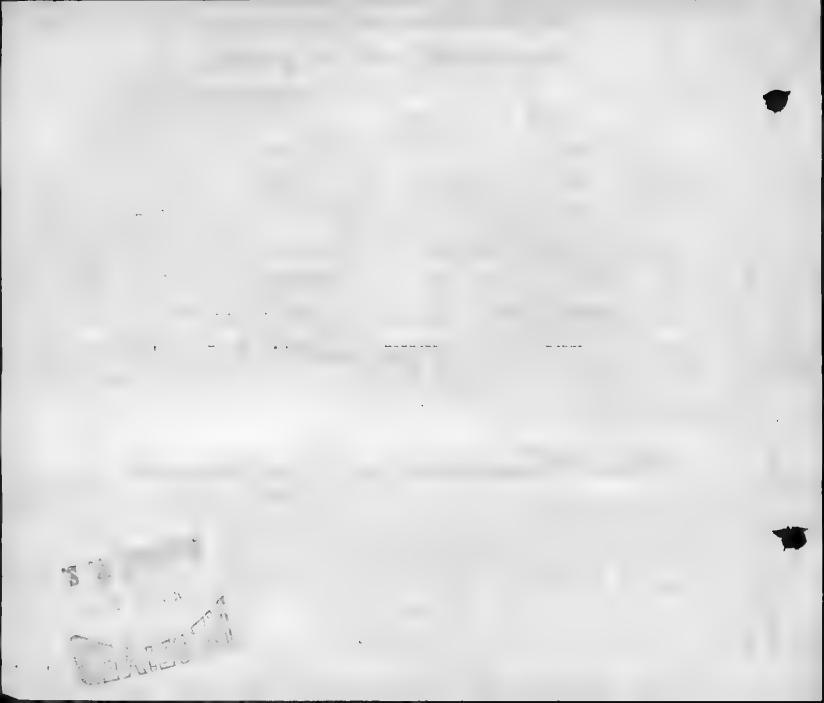
NSTRUCTIONS

12343 CERTIFICATE OF DEATH

Reg. Dist. No. 28

| 1. PLACE OF DEATH | | 2. USUAL RESIDENC | E (HOME) OF DECEA | SED |
|---|---|------------------------------------|---|-------------------------------|
| COUNTY ST MARYS | MANYLAND | STATE MARYLAN | ID COUNTY ST | MARVS |
| CITY (if outside corporate fimits, write RURAL | MARYLAND LENGTH OF STAY | 017412 | ta fimits, write RURAL and give | |
| OR and give naerest town) | (in this place) | OR | whitely steen Kontra and give | r reductive toward |
| LIDGE | 1 | TEDGE | | |
| HOSPITAL OR INSTITUTION OR | | STREET ADDRESS | (If rure) give focal | ion) |
| STREET ADDRESS RURAL | | RURAL | | |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Dey) (Yaar) |
| (Type or Print) EMORY | THOMAS | EVANS | OF DEATH 10 | 22 - 1055 |
| | | | | NDER 1 YEAR LIF UNDER 24 HRS. |
| MALE WHITE (Speci | WED, DIVORCED, | | 63 yrs. Moni | |
| 10e. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS | 1 11. BIRTHPLACE (State or fora gr | | 1 12. CITIZEN OF WHAT |
| dona during most of working life, even if | OR INDUSTRY | | | COUNTRY? |
| TEAT TEPTOLATA | SEA FOOD | MARYLAND | | USA |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | AME | |
| ELSWORTH EVANS | | XXX CATHE | RINE GUY | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | | 17. INFORMANT & AD | DORESS | |
| (Yes, no, or unk.) [If Yes, give wer or dates of service NO | [a] | MADV T TO | NS - RIDGE M | ARYLAND |
| - NO | 18, MEDICAL CI | ERTIFICATION | 410 - 1417/05 | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO | DEATH 0- | 0 |) | ONSET AND DEATH |
| MMEDIATE CAUSE [A] _ | Creeke) | henry | و | medale |
| ANTECEDENT CAUSE(S) DUE TO | (a topics | Coming Com | 10 500 | 500 |
| DISEASES OR CONDITIONS, IF ANY, (B) | Carland 25 | the stay | Jul luga | 7 15 |
| STATING UNDERLYING CAUSE LAST, DUE TO | | - 1 | ui. | J |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | · · · · · · · · · · · · · · · · · · · | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| | INDINGS OF OPERATION | | | 20. AUTOPSY? |
| enone | | | | YES NO |
| OR CONTRIBUTING TO CAUSE OF DEATH OF INJUR | CE (Home, fetm, fectory, Y straet, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR! | (City or fown) | County) (Stata) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hot | | 21f. HOW DID INJURY OCCUR | <u>/</u> | |
| nor " | Ar at work While Wwork | apather | | |
| 22. I hereby certify that I attended the | e deceased from 2/10 | 19.54, 10 12 | LZ 1057 16 | at I last saw the deceased |
| - 1.1.0 | , | ~ 1/ | | |
| BIGNATURE | and that death occurred | dia mina 3.Wi, from the Ca | uses and on the date s ESS (Street, city_town, state | DATE SIGNED |
| , wha I | aue M.D. | Liting & | in Carl, L | 10 12/23/m |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | NAME OF CEMETERY C | OR CREMATORY | LOCATION (City, town, or co | |
| BURIAL 12/ 27 | /55 ST MICHAE | | RIDGE, MARYL | AND |
| 24. REC'D'BY REGISTRAR REGISTRAR'S SIN | GNATURE | 25. FUNERAL DIRECTOR'S S | 7 | ADDRESS EONARDTOWN MD. |
| DATE 2, 2, 20 (Car) | We there is ! | Musica | mson! | TROUGHT TO MIN # 11TO 9 |

1. 1.42 /1.



ADDRESS

200 correct The

BINDIN

FOR

RESERVED

MARGIN

em of information carefully. of death clearly and legibly. Supply every item write the causes of d PLAINLY, WITH UNFADING INK ... sespecially important. Physicians: please w WRIT SE PLEA!

12344

CITY (If outside corporate limits, write WURAL and

ames

10a. USUAL OCCUPATION (Give k'nd of work done during most of working life, even if retired)

18. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, Ho, or unknown) (If yes, give war or dates of

stating the underlying cause last

TIME (Month) (Day) (Year) (Hour)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

21. EXTERNAL AUSE WAS PRIMARY FOR CONTRIBUTING

CAUSE OF DEATH

INJURY 13-

SIGNATURE

BUBIAL, CREMATION REMOVAL (Specific)

DATE RECU BY LOCAL

Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause

6. COLOR OR RACE

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPE

22. I certify that I took charge of the remains described above obtained by said Autopsy Inspection or Inquiry, find that

from: natural causes , accident , suicide , hor

DATE THEREOF

10

Paterper River 5 miles west of F

1. PLACE OF DEATH-

TOWN

3. NAME OF

5. SEX

DECEASED (Type or Print)

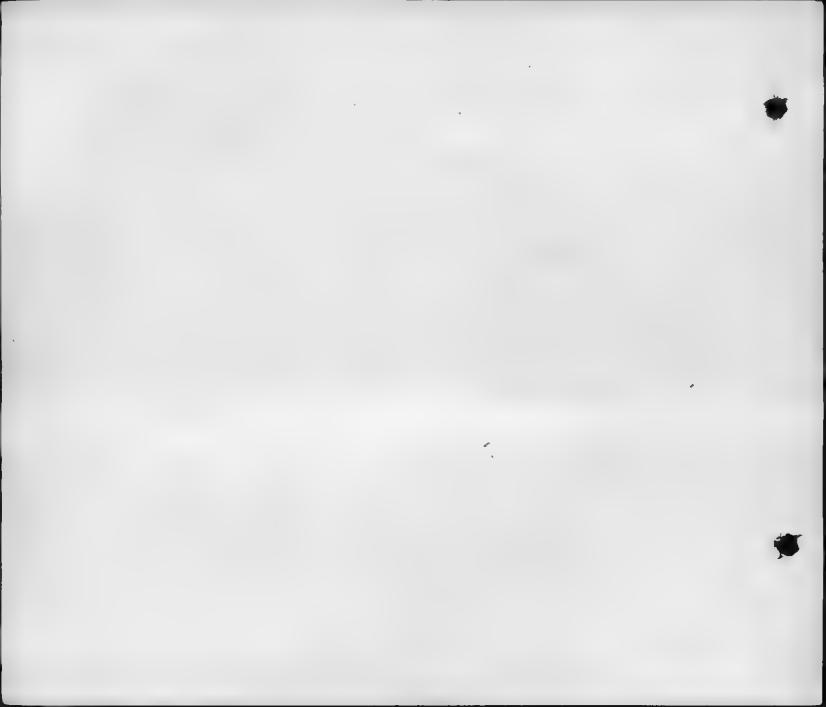
13. FATHER'S NAME

give nearest town)

HOSPITAL OR TOU USTREET ADDRESS

CERTIFICATE OF DEATH FOR ME

| FOR MEDICAL | L EXAMINERS | Reg. | Dist. No |
|---|---|------------------------------------|--|
| men, 5 miles west of P.A. Fookon | 2. USUAL RESIDENCE (STATE 2703 9) | HOME) OF DECEASE | COUNTY Callinge |
| URAL and LENGTH OF STAY | CITY (If outside corpo | rate limits, write RURA | L and give nearest town) |
| Kiver / Nour. | TOWN Ball | (If ry al give lo | Not. 311 2 |
| of Station Hospital | ADDDECC A - | 3 gundon | |
| (Middle) | + (Last) | OF , | onth) (Day) (Year) |
| CE 17. SINGLE, MARRIED. | nls chel | DEATH / | If under 1 year If under 24 hrs. |
| WIDOWED, DIVORGED, | 11-21-1926 | 29 yra. | Months Days Hours Min. |
| work 10b. Kind of Bushess or Industry avealing | Baltinore | or foreign country) | COUNTRYZ COUNTRYZ |
| Kntochel | 14. MOTHER'S MAIDER | M. W. Spgz | |
| ORCEST 16. SOCIAL SECURITY NO. lates of 2/6-20-9399 | 17. INFORMANT | 7. Brand | 4 |
| IR. MEDICAL CE | RTIFICATION | | 1. |
| TLY LEADING TO DEATH | 1 . | | INTERVAL BETWEEN ONSET AND DEATH |
| Compelial a oc | Le example | i. | |
| .) | (unu | | |
| 9 | 1 | | |
| b) | ** * ** ***** *** * * * * * * * * * * * | ********************************** | e deliberada ha ana (r. g. a. sell life of the liberary control of the control of |
| | | | |
| s , | | | ſ |
| not redeath. Mouning In | ~ 2° | | |
| OR FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | Yes 🗍 No 🖰 |
| PLACE (Home, farm, factory, street, OF other bldk, etc.) INJURY | (CITY OR | TOWN) | COUNTY) (STATE) |
| ur) INJURY OCCUBRED | HOW DIDANJURY OF | CUR? | Thomas and the |
| work at work | anylan o | resled. | |
| remains described above, held an A ion or Inquiry, find that said dece | Autopsy Inspection ased died on the day state | Inquiry There | on and from the evidence in my opinion resulted |
| nt , suicide , homicide , (Degree or title) | | | DATE/SIGNED |
| 1.00 | | A. i | |
| EREOF I NAME OF CEMETE | who he cont | LOCATION CONT. | 13/7/17 |
| | RY OR GREMATURY | LOCATION (City, town | n, or county) (State) |



12345 CERTIFICATE OF DEATH

Reg. Dist. No. 284

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
|--------|--|--|--|--|--|
| | 16:312 | St. A. STE | | | |
| | COUNTY MARYLAND | STATE COUNTY | | | |
| | CITY (If culside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY (If outside coreorete limits, write RURAL end give neerest lown) | | | |
| | Y TOWN FOR A ATT FEELY | TOWN (Far 1 1/1) Hall X | | | |
| | HOSPITAL OR | STREET (If rural give location) | | | |
| | INSTITUTION OR TREET ADDRESS | ADDRESS | | | |
| | 30 | Monda | | | |
| | DECEASED | (Last) 4. DATE (Month) (Day) (Year) | | | |
| | (Type or Print) HIRLY / 1919 | 4 A GEN DEATH SILLS 1955 | | | |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF | BIRTH 9. AGE last birthday IF UNDER 1 TEAR HE UNDER 24 HRS. | | | |
| | RACE WIDOWED, DIVORCED, (Specify) | Months Deys Hours Min. | | | |
| | Little The As Cold of the State of | 49,1765 Yrs. 14 | | | |
| | 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | HT. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT | | | |
| | rottrad) | foll like mide it it | | | |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
| | (' | 11 11 11 | | | |
| | Divilal facilities | Cher Mattle of the deline is | | | |
| 6 | 75. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service) | 17, INFORMANT & ADDRESS | | | |
| | (185, 100, Of dilly.) In 165, give well of dates of services | Jane 1 The many of | | | |
| | 18. MEDICAL CERT | TIFICATION INTERVAL BETWEEN | | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | |
| | 7 9 2 IMMEDIATE CAUSE (A) Treus | onic 2 d. | | | |
| | ANTECEDENT CAUSE(S) DUE TO | | | | |
| | DISEASES OR CONDITIONS, IF ANY, (B) COOR CENTER | I anomalies: hydro cophalus. | | | |
| | STATING UNDERLYING CAUSE LAST, DUE TO | | | | |
| | STATING CHOSE EAST. (C) TRUE | tufide meningocale plat test | | | |
| | LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | |
| | TO THE DEATH BUT NOT RELATED TO THE | | | | |
| | 19%, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | |
| | The second of th | YES NO DET | | | |
| | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory. 21 | Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | | |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | (authority) (authority) | | | |
| | | RIF. HOW DID INJURY OCCUR? | | | |
| | White Not white | THE THE THEORY WASHINGTON | | | |
| | M. at work at work | 3 300 | | | |
| | 22. I hereby certify that I attended the deceased from Dec / | 1955 to the deceased that I last saw the deceased | | | |
| | alive on 19 5 The and that seath occurred at | M, from the causes and on the date stated above. | | | |
| \$ | | ADDRESS (Street, sity, town, steps) DATE SIGNED | | | |
| 5 | Joy Lugher M.D. | Mechanier Ille 12/3/35 | | | |
| 1.5 | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | TOTAL STATE OF THE | | | |
| N N | REMOVAL (SPECIFY) | LOCATION (City, fown, or county) (State) | | | |
| 7 | Variation 12-3-55 AATM | anisa association mil | | | |
| V.5 | 24. REC'D BY REGISTRAR REGISTBAR'S SIGNATURE | 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAKEN | | | |
| | Wit Toleanox Canter | Il Blue of to Manne 1 | | | |
| | in inverse minutes | the very property of | | | |

OBVES L

ADDRESS

Reg. Dist.

DEATH

2. USUAL RESIDENCE (HOMB) OF DECEASED; CITY (If outside corporate limits write RURAL and give nearest town) (If rural, give location) 4. DATE (Month) (Day) (Year) OF DEATH 19 5 2 9. AGE fast birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. Months 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT 14 MOTHER'S MAIDEN NAME 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes | No (County) (State) 21c. (City or town) PRIMARY [] or CONTRIBUTING [21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [7], Accident [], Suicide [], Homicide [], Undetermined cause . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM SIGNATURE DATE SIGNED 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY THEREOF LOCATION (City, town, or county) DATE REMOVAL (Specify) :

24. FUNERAL DIRECTOR

W Se

DATE REC'D BY LOCAL

SE

BUREAU V. S.

DEC 14 1958

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12347 CERTIFICATE OF DEATH

12589 Reg. Dist. No. 282

| | 1. PLACE OF DEATH | | | | | |
|---|--|--|-----------------|--|--|--|
| | COUNTY St Mary's MARYLAND | STATE TIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | |
| | CITY (It outside corporate limits write sural Hosp tength of STAY of end give nearest town) Station Hosp (In this place) | | | | | |
| | HOSPITAL OR Station Hospital, US Nav INSTITUTION OR STREET ADDRESS Air Sta, PaxRiv Md. | STREET (If rural give location) ADDRESS 152 Vio. t Rennel | | | | |
| | 3. NAME OF (First) (Middle) Compared to the c | MC BRIDE 4. DATE (Month) OF DEATH Dec | 31 1955 | | | |
| | COUNTY ST MARY STREET COUNTY ST MARY AND STATE TYPE STATE OF COUNTY ST MARY AND STATE TYPE STATE | YEAR IF UNDER 24 HRS. | | | | |
| | 10e, USUAL OCCUPATION (G ve kind of work done during most of working life, even if OR INDUSTRY | THE CALL STREET TOWNS TO BE AND THE STATE TOWNS TO BE ADDRESS OF CONDITIONS DIRECTLY LEADING TO DEATH STATE TEXTREPORY WITH STATE AND THE ADDRESS OF CREATION STATE TEXTREPORY WITH STATE AND THE ADDRESS OF CREATION STATE TEXTREPORY WITH STATE AND THE ADDRESS OF CREATION STATE TEXTREPORY WITH STATE AND THE ADDRESS OF CREATION STATE TEXTREPORY WITH STATE AND THE ADDRESS OF CREATION STATE TEXTREPORY WITH STATE AND THE ADDRESS OF CREATION STATE TEXTREPORY WITH STATE AND THE ADDRESS OF THE ADDRE | | | | |
| | David MC BRIDE | | /41 | | | |
| | MARYLAND TY (It outside corporate limits write RURA) R and give nearest town) Station Hospital, US Nav TREAT ADDRESS AIR Stat, Parriv Md. OSPITAL OR Station Hospital, US Nav REET ADDRESS AIR Sta, Parriv Md. AME OF (First) (Middle) ECRASED ECRASED SUBAL OCCUPATION (8 ve kind of work one during most of working life, even at a corporate limits with the life of the large cause and life of the large cause large in the large cause large in the large cause last. OSE OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) GRISE TO THE ABOVE CAUSE OG INDUSTRY BE ASSES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) GRISE TO THE ABOVE CAUSE OG INDUSTRY BE ASSES OR CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE FASSE OR CONDITION CAUSING DEATH. ATE OF OPERATION OCCUPENT WAS UNDERLYING 196. MAJOR FINDINGS OF OPERATION CICIDENT WAS UNDERLYING 197. AND PRINCIPLY STREET, office bidg., sic.) THE SEGNATURE SEGNATURE OF INJURY (Month) (Dey) (Year) (Hour) 23e. INJURY OCCURRED Whife of Not while 188, NOTIFY MBDICAL EXAMINER) THE PASSE OR CONDITION, DATE THEREOF NAME OF CEMETERY OR REGISTRAR'S SIGNATURE PASSES OR CREMATION, DATE THEREOF NAME OF CEMETERY OR REGISTRAR'S SIGNATURE PASSES OR CRAMATION, DATE THEREOF NAME OF CEMETERY OR REGISTRAR'S SIGNATURE PASSES OR CORPORATION REGISTRAR'S SIGNATURE | David No L | | | | |
| | 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH | | | |
| | DISEASES OR CONDITIONS, IF ANY, (B) Gastroenterir GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | is | | | | |
| | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| | | | | | | |
| | 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, ferm, fectory, OR CONTRIBUTING 216. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.) | 2 kc. WHERE DID INJURY OCCUR? (City or lown) (County | (Stela) | | | |
| | Whife Not while | | | | | |
| 22. I hereby certify that I attended the deceased from 12-30 1955, to 12-31- 19.55, that I la alive on 12-31- 19.55, and that death occurred at 655P. M, from the causes and on the date stated | | | | | | |
| 4 | rales E. Spickerman 57 19 m. A | AS Paturent River Ind | | | | |
| 3 | CITY (II outside corporate limits write RURA) OR and give massest lown) Station Hospital, Washington Park Md ASOWN Lexington Park Md Hospital or Station Hospital, US Nav STREET ADDRESS Air Sta, PakRiv Md. 3. NAME OF DECEASED (Ivpe or Print) Susan Lynette 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, MODERN SITURION OF SUSINESS OR Lynette 6. ACCE Caucasian (Specify) Single 10 10. USUAL OCCUPATION (Gve kind of work done during most of working life, even at relified) 3. FATHER'S NAME David MC BRIDE 5. WAS DECEASED EVER N. U. S. ARMED FORCES? Vest, no, or unk) (If Yes, give wer or dates of service) 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH SEVER DECEASED OF CAUSE (A) Severe Dehydra ANTECEDENT CAUSE(S) DUE TO GRATH GRATH CAUSE (A) Severe Dehydra STATING UNDERLYING CAUSE AUSE LAST. (C) 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 10b. ACCIDENT WAS UNDERLYING 10b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10c. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OPERATION 10d. ACCIDENT WAS UNDERLYING 17b. MAJOR FINDINGS OF OP | Galion, Ohio | (शबाब) | | | |
| 1 | 24. REC'D BY REGISTRAR SIGNATURE | | | | | |

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 INSTRUCTIONS

| | INSTRUCTIONS | 1 |
|----|---|-----------|
| 7. | TO ATTENDING PH. MILAN OR HOSPITAL: The law requires that the death certificate be executed within 2 purs after death. | r death. |
| | The bottom copy may be retained by the hospital or attending physician, | |
| 7 | O FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. Aftel | fier this |
| | certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this | of this |
| | death certificate assembly should be detached for use as a burial transit permit. | |
| YS | VS A15C 1-55 10M | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12332

12348 CERTIFICATE OF DEATH

Reg. Dist. No. 28/

| 1. PLACE OF DEATH | Country Coun | | | |
|--|--|-----------------------------|------------------------------|-----------------------------|
| COUNTY St. Mary's | BEDETERROR | STATE Mary | land COUNTY St | Maty's |
| CITY (If outside corporete limits, write RURAL | LENGTH OF STAY | CITY (If outside corpor | | |
| of manager to the second | per . | | | |
| rrage . |) yrs | | | ation) |
| INSTITUTION OR STREET ADDRESS | | | fu total Blad toc | elionj |
| 3. NAME OF (First) DECEASED | (Middle) | (Lest) | | (Dey) (Yaar) |
| (Type or Print) Charles | | Norris | DEATH Dec | . 28. 1955 |
| | | OF BIRTH | AGE last birthday IF I | UNDER 1 YEAR IF UNDER 24 HR |
| COUNTY St. Mary's CITY ill authode comprate limits, with RURAL OX and give seasest forward (Inhit glace) 1 OVAN Ridge NOTTIS STREET ARROWS RIDGE NOTTIS STREET ARROWS RIDGE (First) CHARLES NOTTIS STREET ARROWS RIDGE (First) CHARLES (First) CHARLES (First) CHARLES NOTTIS DEATH Dec. 28. 12.55. S. SE S. COLOR OF RACE (First) CHARLES NOTTIS DEATH Dec. 28. 12.55. S. SE S. COLOR OF RACE (First) CHARLES NOTTIS DEATH Dec. 28. 12.55. S. SE S. COLOR OF RACE (First) CHARLES NOTTIS DEATH Dec. 28. 12.55. S. SE S. SE S. COLOR OF RACE (First) CHARLES NOTTIS DEATH Dec. 28. 12.55. S. SE S. SE S. SE S. COLOR OF RACE (First) CHARLES NOTTIS DEATH Dec. 28. 12.55. S. SE S. SE S. SE S. COLOR OF RACE ON DOWNED. DIVORCED, CHARLES NOTTIS D. LSLAR OCCUPATION (Green and a work of working life, aven if one working life, aven if o | | | | |
| CTY (If cuttide corporate limits, write RURAL (bit pales)) COWN RIGGE COWN RIGGE TOWN RI | | | | |
| CITY (If cuiteds comprete lends, write RURAL OR STATE (Inhibit) place) ON RIDGE (Inhibit) place) (Inhibit) place) ON RIDGE (Inhibit) place) (Inhibit) place) | | | | |
| r ar mer | rarm | | 1441 | U. J. A. |
| | | | | |
| | | | | |
| · · | 16. SOCIAL SECURITY NO. | 17. INFORMANT & A | DDRESS | |
| (mes, no, or unx.) (if ses, give war or deles or service) | | IW | | |
| | | RTIFICATION | | |
| | MM | . () ! | | UNSEI AND DEATH |
| IMMEDIATE CAUSE (A) | molary; | Oto Cultion | | 14 181110 |
| ANTECEDENT CAUSE(S) DUE TO | 130/ | 6 | | 11/1 |
| DISEASES OR CONDITIONS, IF ANY, (B) | mentioned | 012-1. W. A | Chintely | T blacker |
| COUNTY St. Mary 1 S CITY Gloutide corporate limits, write RURAL CR. and give neasored towns. CR. And Gr. And | | | | |
| | | | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | | |
| | OF OBOATION | | | 20 AUTOREY |
| 198. DATE OF OPERATION 198. MAJOR FINDIN | GS OF OPERATION | | | |
| 218. ACCIDENT WAS UNDERLYING TI 1 216 PLACE (| lome, farm, factory. | 21c. WHERE DID INJURY OCCUR | ? (Cliv or town) | 1 4 |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY SIZE | | | ,, | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 211, HOW DID INJURY OCCUR | 2 | |
| | | | | |
| | 1/4 | 1 152 1 | 4 650m/V | |
| | | | | |
| alive on 19. | and that death occurred a | the c | auses and on the date | stated above. |
| SIGNATURE | / | ADD! | ESS (Streat, City, lown, ste | MO DATE SIGNE |
| 11111 - 11 CH | | Ala Sil | 3 11-3 | 14/1-//2/ |
| | NAME OF CEMETERY OF | R CREMATORY | LOCATION (City, town, or | county) / (Stete) |
| | Strillichae | l's | Ridge. | Maryland |
| | The state of the s | 25. FUNERAL DIRECTOR'S | SIGNATURE | ADDRESS |
| 12/29/33 | b. aller | Jos. C. Matti | ngley Leon | ardtown.Md. |
| DATES 21/27 1 1 1 - mark | A. I. Alland | nos. C. March | merea reom | car a cown, rad. |

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| | MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. |
|-----|--|
| | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY |
| | St. Mary's MARYLAND O. STATE MD 6. COUNTY BALLTO. |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| | 1391 HAREWOO PARIS YES NO |
| 1 | 3. NAME OF Eirst Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) HERBERT O. SCUDDER DEATH 12/7/55 found: 3/20/46 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE 10, year 1 FUNDER 14 ARS. |
| | Male White WIDOWED DIVORCED NOV. 14-19/3 41 yrs. Months Days Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 32 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) |
| 1 | AIRMAN MARTIN CO. MEW YORK |
| | 13. FATHER'S NAME |
| 1 | HARRY L SCUDDER HAZEL DEXTER. |
| - ^ | 15. WAS DECEASED EVER/IN U. S. ARMED FORCES? (Tox., no., or unknown) Address of service) Address |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] |
| | PART I, DEATH WAS CAUSED BY: |
| , | IMMEDIATE CAUSE (6) Drowning |
| V | Conditions, if ony, which) |
| | gove rise to immediate couse |
| | (o), stating the underlying DUE TO |
| | Topological Control Co |
| 2 | PERFORMED? YES A NO T |
| | PART II. OTHER SIGNINCANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY YES NO 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CO |
| | |
| | 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or lown) (County) (Stote) |
| | Hour doc 12/7/1955 of work Potomac River St. Marv's Md |
| | 21. 1 certify that I taak charge of the remains described above, held an Autapsy K., Inspection J., Inquiry J., and find that |
| | death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause |
| 11 | |
| () | SIGNATURE SUSSELS FISCH M.D. CHIEF MEDICAL EXAMINER TO DATE STONED |
| | EXAMINER'S ASSISTANT MEDICAL EXAMINER □ 3/22/56 |
| | NAME (Type) Prissell S. Fisher. M.D. DEPUTY MEDICAL EXAMINER |
| | 220 BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) |
| | CRIEMATICA 3/22/36/40000/ TK. BALTO, MD. |
| | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 240. REGISTRAR'S SIGNATURE |
| | Gelin O Connelly Esset 21 - ME ONTE. U.M. Seduch |
| | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DEC 12 19F

INSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12334

12350 CERTIFICATE OF DEATH

Reg. Dist. No. 25 2

| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (HOME) OF DECEASED | |
|--|-----------------------|---------------------------------|--|-------------------------------------|
| COUNTY St. Mary's | MARYLAND | STATE Mary | land COUNTY St. Man | wis |
| CITY (II outside corporete limits, write RURAL | LENGTH OF STAY | CITY (If outside corpor | ete limita, write RURAL and give nearest | town) |
| OR end give nearest lown) | (in this place) | TOWN Common | | ~ |
| Y requarational | 30 Days | COND | | |
| HOSPITAL OR ANSTITUTION OR | | STREET ADDRESS | (W rurel give location) | / |
| | spital | ADDRESS | | • |
| | | 01 | 4. DATE (Month) (D | (Mane) |
| J. NAME OF (First) (A | Aiddle) | (Lest) | OF (Monin) | ley) {Yeer} |
| | enry Some | rville | DEATH 72/ | 10/ 1955 |
| 5. SEX 6. COLOR OR 1.7. SINGLE, MARRIED | | | AGE lest birthdey IF UNDER 1 Y | |
| RACE WIDOWED, DIVO | | | Months C | eys Hours Min. |
| Male Colored (SpecifyWide | owed March | 5,1882 | 73 yr. [| |
| | OF BUSINESS | 11. BIRTHPLACE (State or foreig | | CITIZEN OF WHAT |
| done during most of working life, even if retired) Day Laborer Water | NDUSTRY | Maryland | | |
| | .mant | 14, MOTHER'S MAIDEN N | | S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | IAME | |
| Robert Somerville | | Fannie A | dams | |
| | SOCIAL SECURITY NO. | 17. INFORMANT & A | | |
| (Yes, eg. or unk.) (If Yes, olve wer or detes of service) | 9.9 | 35 7 | | |
| NO NO | MONE | Mr Leonard | Alvey Leonard | itown Md. |
| A DISCUSSION OF COMPRISIONS DIRECTLY ISADING TO DEATH | 18. MEDICAL CER | TIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ~ 1 5 | 1 1. | 1.1.1. | DINSEL AND DEATH |
| 2/ 3 / IMMEDIATE CAUSE (A) | auterio/ | ocleratio | Cardio Vascuk | w our |
| ANITECEMENT CALLERION DUE TO | € | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) | | | | |
| GIVING RISE TO THE ABOVE CAUSE | | | | |
| STATING CHOICETING CASE CASE | | | | , |
| (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING |) | | | |
| TO THE DEATH BUT NOT RELATED TO THE | 11111 | Vauble - | 3.11 d. a. 10 14 | -01 |
| DISEASE OR CONDITION CAUSING DEATH. | war - (v) | angue . | 2 Carrello | 10000191 |
| 190. DATE OF OPERATION 196. MAJOR FINDINGS O | F OPERATION | | | 20. AUTOPSY |
| | | | | YES NO |
| 210. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, | | IIc. WHERE DID INJURY OCCUR | ? (City or town) (County) | (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of | ice bidg., etc.) | | | |
| | NJURY OCCURRED | 211. HOW DID INJURY OCCUR | ? | |
| White | | | | |
| m, et wo | 15 . 6. | | | |
| 22. I hereby centify that I attended the deceas | ed from Lucy | 19 3. 10 Na. | 6 | st saw the deceased |
| | | | auses and on the date stated | |
| | mar death occurred at | 7 ADDR | ESS (Street, city, town, sets) | DATE SIGNED |
| SIGNATURE | 1./1 | Mila | Lange BalliVV | 12:/12/17 |
| Hay Xu | y // LM.D. | - Inch | JUDICEN CE | 1-112/13 |
| 23. BURIAL, CREMATION, DATE THEREOF | MAME OF CEMETERY OR | CREMATORY | LOCATION (City, town, or county) | (Stale) |
| 23. BURIAL, CREMATION, PART THEREOF 12/13/55 | St. Francis | Vorri om | Compton | L ees Torre |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | DO FLAHETS | 1 25. FUNERAL DIRECTOR'S | Compton, Ma | TLA TSUG |
| 7 | / 1 | | | in the second |
| DATE 12-13-55 (law) A | sucin/ | Jos.C.Mattin | gley Leonardto | Md. |
| | 1 | | | |
| | Nan | < 2 | | |

DEC 14 1952

BUREAU V. S.

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12352 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 28 |
|---------|------------|-------------|----|-------|--------|

| 1 | COLI | MEDICAL EXAMINER'S CERT | CIFICATE OF DEATH | No |
|----------|---|--|---|--------------------|
| | 9 | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| - | Th | COUNTY SY. MARYLAND MARYLAND | STATE MARY /221 of COUNTY St. Ma | |
| | ully. T | CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CiTY (If outside corporate limits write RURAL and | give nearest town) |
| | eful l le | TOWN Totomac Airer | TOWN LINEY CLINE | |
| | anc | HOSPITAL OR INSTITUTION OR | STREET (If rural, give location) | |
| | n Vi | STREET ADDRESS | 1) URal | |
| | atic | DECEASED: | (Last) 4. DATE (Month) (Day |) (Year) |
| 1 | rm c | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | OF BIETH: 9. AGE last birthday: 1 if under 1 y | - 1955 |
| / | f information carefully death clearly and legil | RACE: WHOWED, DIVORCED, Specify: MORRICO COLY! | 2 1917 II Months Ds | |
| | n of i | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WILAT |
| S Z | s of | work done during most of work life, INDUSTRY: | Russia | COUNTRY! |
| IOI | ery item | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| BINDING | | YNKNOWN | UNKNOWN | |
| | ly ev | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 1. | 7. INFORMANT & ADDRESS: NAS | ni_ |
| FOR | te . | V/es I service) Active | 45 Navy Records - latuxe | NI RIVER |
| 8 | Suppl | | L CERTIFICATION | INTERVAL BETWEEN |
| VE | * (1) | 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | · Con · | ONSET AND DEATH |
| RESERVED | INK | Immediate cause (a) | recommendation | |
| EES | 7.94 | Antecedent cause(s) | \ | |
| | DIN | Diseases or conditions, if any, | | 43.3 |
| 딍 | FA) sici | giving rice to the above cause DUE TO stating underlying cause last | | |
| MARGIN | UNFADING Physicians: | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | 1 |
| Z | | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | 11 | |
| | WITH | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| | ₩ Pod | 21a. EXTERNAL CAUSE WAS 21b. PLACE (Honge, Jarm, factory, | (Cambridge | Yes No [|
| | LY, WITH important, | 218. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING OF State dise blds., stc., CAUSE OF DEATH. | 21e. (City or town) (County) | (State) |
| 8 | _ | THE PERSON OF TH | 314. HOW DID LYJURY OCCUR? | . , , , , |
| | | OF INJURY (Month) (Day) (Year) (Hour) 216. INJURY (GRUNKED) While at Not while at work [] | Quiend occident and a | loutron |
| | PL speci | 22. I hereby certify that I took charge of the remains describe | | |
| | SITE is e | find that death resulted from: Natural causes [], Accide | ent 🗹, Suicide 🗌, Homicide 🗍, Undeter | DATE SIGNED |
| 53 | WRITE ge is es | The I the | M. D. ASSISTANT MEDICAL EXAMINER | whele |
| - (| | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY | | unty) (State) |
| 10 | ASE | REMOVAL Specify: 1 /2-21-55 ARLINGTON | Notional PRINGTON VIRGIN | 7/3 |
| A15A | PLEA | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| ∢! | 24 | 12/20/63 / 4/2000 /1h | 1. Topinson - secondles | and Hill |

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DECENTED

SSN 88 030

BUREAU V. S.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12353 CERTIFICATE OF DEATH

Reg. Dist. No.

| COUNTY St Mary's | COUNTY St Mary's MARYLAND COUNTY St Mary's LENGTH OF STAY (in this place) COUNTY Rural Oakley HOSPITAL OR MARYLAND STREET ADDRESS NAME OF COLOR OR RACE COLOR OR WIDOWED, DIVORCED, (Specific Divided) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer CATHER'S NAME OSCAT WILSON WAS DECEASED EYER IN U. S. ARMED FORCES? MARGE OF CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) ANTECEDENT CAUSE (A | STATE Maryland COUNTY St. Maryla | | | | |
|--|--|----------------------------------|--|--|----------|--|
| CITY (If outside corporete limits, write RURAL | | CITY (If outside corp. | prate limits, write RURAL and give | | | |
| CITY (If outside corporate limits, write RURAL OR and give neerest lown) TOWN RURAL OAKLEY HOSPITAL OR INSTITUTION OR STREET ADDRESS NAME OF DECEASED (Type or Print) SEX 6. COLOR OR RACE OLOPED GOLOPED GO | | OR TOWN Dagge | al Oaklev | | V | |
| | COUNTY St Mary's MARYLAND CONTRET (St Maryland COSPITAL OR MARYLAND COSPITAL OR MARYLAND COSPITAL OR MARYLAND COSPITAL OR MARYLAND COLORED Type or Print) COLORED COLORED Type or Print) Colored Colored Colored Colored Type or Print) Type or Pr | STREET | AL UCKLEY | nel | <u> </u> | |
| COUNTY St Mary's MARYLAND CITY (If outside corporate limits, write RURAL OR and give neerest town) TOWN RURAL Oakley HOSPITAL OR INSTITUTION OR STREET ADDRESS NAME OF DECEASED (I'ppe or Print) SEX 6. COLOR OR RACE (Specific downed) Oc. USUAL OCCUPATION (Give kind of work done during most of working like, even if retired) Laborer State Road OSCAT WILSON WAS DECEASED EVER IN U. S. ARRED FORCES? STATE ADDRESS ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OR DATE OF OPERATION ACCIDENT WAS UNDERLYING TO ADDRESS OF OPERATION ADDRESS OF CONDIT | ADDRESS | lift rotal But a forest | 01.7 | 1. | | |
| DECEASED | (Middle) | (Lest) | 4. DATE (Month) | (Day) (Ye | tar) | |
| COUNTY St Mary's MARYLAND CITY (If outside corporate limits, write RURAL or and give neerest lown) TOWN RUPAL OR INSTITUTION OR STREET ADDRESS NAME OF COLOR OR ACCE ICHOOSPITAL OR RACE (First) SEX 6. COLOR OR RACE COLOR OR RACE COLOR OR RACE COLOR OR RACE ILENGTH OF STALL lin file place) ILITE (Middle) E. SEX 6. COLOR OR RACE COLOR OR RACE COLOR OR RACE ILENGTH OF STALL lin file place) ILITE B. SEX 6. COLOR OR RACE COLOR OR RACE COLOR OR RACE ILITE (Middle) E. SEX 6. COLOR OR RACE ILITE B. WIDOWED, DIVORCED, (Spelliflowed) ILITE B. WIDOWED, DIVORCED, (Spelliflowed) IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS OR INDUSTRY State Road IGH. KIND OF BUSINESS IGH. KIND OF BUSINESS OR INDUSTRY IGH. KIND OF BUSINESS OR INDUSTRY IGH. KIND OF BUSINESS OR INDUSTRY IGH. KIND OF BUSINESS IGH. KIND OF BUSIN | E. | Wilson | DEATH Dec. | 25 19 | 55 | |
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| Male Colored (S | ·Widowed | 1869 | 86 yrs. Month | | Mir | |
| | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore | ign country) | 12, CITIZEN OF WI | TAI | |
| | | Maryland | | U.S.A. | | |
| 13. FATHER'S NAME | | 1 14. MOTHER'S MAIDEN | NAME | Cabana | | |
| Oscar Wilson | | Emiley La | acey | | | |
| | | 17. INFORMANT & | | | | |
| (Fas, no ar unk.) (If Yes, give wer or deles of set | A Section 1 | | Vilson Oakle | 1 605 | | |
| | | | TILOUIT CHALC | INTERVAL BET | WEEN | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | | | | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE | G | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE | i <u>G</u> | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, | | | | 20. AUTOP | SY? | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, | | | | 20. AUTOP | _ | |
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BUREAU V. S.

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72 hours after death. After director, the third copy of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12338

12354 CERTIFICATE OF DEATH

Reg. Dist. No. 282

| Type or Print ANNIE B | 2. USUAL RESIDENC | E (HOME) OF DE | CEASED | | |
|--|--|---|-----------------|--------------|------|
| COUNTY ST MARYS MARYLAND | STATE MARYLAN | D COUNTY | ST MARYS | 3 | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporat | Ilmits, write RURAL ar | | | |
| TOUGH | TOWN MECHANI | POTITION | | W | |
| | STREET | (If rural give | a location) | | _ |
| INSTITUTION OR | ADDRESS | for rotal Bir. | e sociation, | 1 | |
| RURAL | RURAL | | | | |
| | (Lest) | 4. DATE [Mon | th) (Dey) | (Yeer) | |
| (Type or Print) ANNIE B | TATES | DEATH 1 | 2/23/ | 19 55 | 5 |
| | OF BIRTH 9. | AGE lest birthday | IF UNDER 1 YEAR | IF UNDER 24 | HR. |
| FEMALE COLORED (Specification) | / 7 / 1869 | 86 yrs. | Months Deys | Hours A | Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign | 40 | 12. CITIZ | ZEN OF WHAT | |
| All contract of the contract o | | | | INTRY? | |
| HOUSEWIFE DOMESTIC | MARYTAND USA | | | | |
| | 14. MOTHER'S MAIDEN NA | ME | | | |
| WILLIAM JOHNSON | UNICIOWN | | | | |
| | 17. INFORMANT & ADI | DRESS | | | |
| (Yes, no, or unk.) (If Yes, give wer or detes of service) | CATHERINE L | WRENCE * F | RATITIMORE | . MD. | |
| GRING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| CITY (If outside corporete limits, write RURAL OR and give nearest town) TOWN MECHANICSVILLE HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL NAME OF DECEASED (First) NAME OF DECEASED (Type or Print) SEX 6. COLOR OR RACE FEMALE COLORED OB. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE DOMESTIC FATHER'S NAME WILLIAM JOHNSON S. WAS DECEASED EVER RN U. S. ARMED FORCES? Fest, no. or unk.) (If yes, give wer or detes of service) DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) SINING RISE TO THE ADOVE CAUSE LAST, OC. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH DISEA | | | | 20. AUTOPSY? | |
| | | | YE | | |
| | 21c. WHERE DID INJURY OCCUR? | (City or town) | (County) | (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not white | | | | | |
| SIGNATURE Day Luyther M.D. | ADDRESS ADDRES | ses and on the diss (Street, city, town | late stated abo | | |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF | R CREMATORY | LOCATION (City, town | , or county) | (Stetl | 6) |
| | CEMETERY | MORGANZA | , MARYLAN | ND | |
| | 25. FUNERAL DIRECTOR'S SIG | SNATURE | ADDRES | S DOTOWII. | 3 |

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OF RESERVOIR STATE OFFICE OF IN ALTH-MATURAGE IN

CHTARO TO STADISTREE

BUREAU V. S.

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project description

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Lice Division